



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application:

| | | | | |
|---------------------|---|---------------------------|-------------------------|------------------|
| Appl. No. | : | 10/668,802 | Confirmation No.: | Not Yet Assigned |
| Applicant | : | David W. Beckstrom et al. | | |
| Filed | : | Sept. 23, 2003 | | |
| Art Unit | : | Not Yet Assigned | | |
| Examiner | : | Not Yet Assigned | | |
| Attorney Docket No. | : | F-679 | | |
| Customer No. | : | 00919 | Date: November 12, 2003 | |

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination on the merits, please amend the above-identified patent application as specified below. Attached please find the following:

1. Amendments to the Claims (pages 2-9); and
3. Remarks (page 10).

12/17/2003 YGIZAW 00000007 161885 10668802

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CERTIFICATE OF MAILING

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Brian A. Lemm
Name of Registered Rep.


Signature

November 12, 2003
Date



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:) Dat : November 12, 2003
DAVID W. BECKSTROM et al.) Attorney Docket No.: F-679
Serial No.: 10/668,802) Customer No.: 00919
Filed: September 23, 2003) Group Art Unit: Not Yet Assigned
Confirmation No.: Not Yet Assigned) Examiner: Not Yet Assigned
Title: **FOLDING PLATTER FOR POSTAL WEIGHING SCALE**

AMENDMENT TRANSMITTAL LETTER

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

| | Claims Remaining After Amendment | - | Highest Number Previously Paid For | = | Number of Extra Claims Present | X | Rate | = | Additional Fee |
|---|---|---|---|---|---|---|---------|---|-------------------|
| Total Claims | 16 | - | 20 | = | 0 | X | \$18.00 | = | 0.00 |
| Independent Claims | 6 | - | 4 | = | 2 | X | \$86.00 | = | 172.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | | | | 172.00 |

Please charge our Deposit Account Number **16-1885** in the amount of \$ 172.00 for the additional claim fee. A duplicate copy of this sheet is enclosed for use in charging the Deposit Account.

Please charge any additional fees or credit overpayment to Deposit Account Number **16-1885**.



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